

CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

EXHIBIT A

STATE FILE NUMBER 2018 0004948

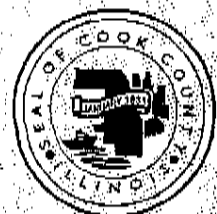
DATE ISSUED 1/26/2018

DECEDENT'S LEGAL NAME BOBBY GUNN JR				SEX MALE	DATE OF DEATH JANUARY 11, 2018	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 61 YEARS		DATE OF BIRTH JULY 14, 1956		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 236 N LECLAIR AVE				
PLACE OF DEATH DECEDENT'S HOME						
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER 329-52-7348		STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? NO
RESIDENCE 236 N LECLAIRE AVE		APT. NO.		CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60644	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BOBBY GUNN SR		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MILDRED E WILLIS	
INFORMANT'S NAME PORTICE GUNN		RELATIONSHIP SISTER		MAILING ADDRESS 236 N LECLAIRE AVE, CHICAGO, IL 60644		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION OAK RIDGE CEMETERY		LOCATION - CITY OR TOWN AND STATE HILLSDALE, IL		DATE OF DISPOSITION JANUARY 22, 2018
FUNERAL HOME WWWJACKSON, 2701 W 63RD STREET, CHICAGO, IL 60629						
FUNERAL DIRECTOR'S NAME WILLIAM W JACKSON				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR JANUARY 18, 2018		
CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death)		PART I METASTATIC RECTAL CANCER		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 YEARS		
		Due to (or as a consequence of)				
		Due to (or as a consequence of)				
		Due to (or as a consequence of)				
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I COLON OBSTRUCTION						
FEMALE PREGNANCY STATUS NOT APPLICABLE				WAS AN AUTOPSY PERFORMED? NO		
DATE OF INJURY				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
TIME OF INJURY		PLACE OF INJURY		MANNER OF DEATH NATURAL		
LOCATION OF INJURY				INJURY AT WORK?		
DESCRIBE HOW INJURY OCCURRED						
IF TRANSPORTATION INJURY, SPECIFY						
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN		WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES		DATE PRONOUNCED	
CERTIFIER PHYSICIAN				TIME OF DEATH 10:00 PM		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR AURIENNE BUTLER, 405 N LAKE ZURICH RD, BARRINGTON, ILLINOIS, 60010					DATE CERTIFIED JANUARY 13, 2018	
					PHYSICIAN'S LICENSE NUMBER 036063921	



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

David Orr
David Orr
Cook County Clerk



0232908

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE